

Meeting Summary
Advisory Panel on Medicare Education (APME)
Thursday, September 26, 2002, 9:00 a.m. - 4:00 p.m.

Medicare & You Campaign Update
Update on the 2002 Medicare National Multi-Media Education Campaign
Briefing on www.medicare.gov
CMS Quality Initiative
Listening Session with the Administrator

Location:

The meeting was held at the Holiday Inn on the Hill, 415 New Jersey Avenue, NW, Washington, D.C., 20001.

Federal Register Announcement:

The meeting was announced in the Federal Register on July 26, 2002 (Volume 67, Number 144, Pages 48905-48906) (**Attachment A**).

PRESENT:

Susan Reinhard, Chairperson, Advisory Panel on Medicare Education; Co-Director, Center for State Health Policy, Rutgers University
Dr. Jane Delgado, President and Chief Executive Officer, National Alliance for Hispanic Health
Joyce Dubow, Senior Policy Advisor, Public Policy Institute, AARP
Dr. William Haggett, Senior Vice President, Government Programs, Independence Blue Cross
Thomas Hall, Chairman/Chief Executive Officer, Cardio-Kinetics, Inc.
David Knutson, Director, Health System Studies, Park Nicollet Institute for Research and Education
Brian Lindberg, Executive Director, Consumer Coalition for Quality Health Care
Katherine Metzger, Director, Medicare and Medicaid Programs, Fallon Community Health Plan
Dr. Marlon Priest, Professor of Emergency Medicine, University of Alabama at Birmingham
Jay Sackman, Executive Vice President, 1199 Service Employees International Union
Dallas Salisbury, President and Chief Executive Officer, Employee Benefit Research Institute
Bruce Taylor, Director, Employee Benefit Policy and Plans, Verizon Communications

Staff:

Nancy Caliman, Center for Beneficiary Choices, Centers for Medicare & Medicaid Services

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Guests:

Dr. Samuel Abbate, Member, Board of Directors, American Diabetes Association

Others:

A sign-in sheet listing other attendees is incorporated as **Attachment B**.

PANEL MEMBERS ABSENT:

Timothy Fuller, Executive Director, Gray Panthers

John H. Graham, IV, Chief Executive Officer, American Diabetes Association

Dr. Laurie Powers, Co-Director, Center on Self-Determination, Oregon Health Sciences University

Dr. Everard Rutledge, Vice President of Community Health, Bon Secours Health Systems

Rosemarie Sweeney, Vice President, Socioeconomic Affairs and Policy Analysis, American Academy of Family Physicians

Welcome and Open Meeting

Nancy Caliman, Centers for Medicare & Medicaid Services (CMS)

Nancy Caliman, Designated Federal Official for the Advisory Panel on Medicare Education (APME), called meeting to order at 9:20 a.m.

Introduction of Members

Review of Previous Meeting

Dr. Susan Reinhard, Chairperson, Advisory Panel on Medicare Education

Dr. Reinhard asked Dr. Jane Delgado, who was attending her first APME meeting, to introduce herself to the Panel. She also introduced Dr. Samuel Abbate, a board member of the American Diabetes Association, who attended on behalf of John Graham.

Dr. Reinhard reviewed the May 23, 2002 APME meeting, stating that the September 26 agenda included more detailed presentations and discussion on issues raised at the May meeting. These included: the Medicare ad campaign, CMS quality initiative, www.medicare.gov website and other issues of interest to the Panel such as partnerships.

Dr. Reinhard commended former APME member Bonita Kallestad for suggesting that the 1-800-MEDICARE number be placed on the Medicare card. CMS quickly implemented her suggestion. Dr. Reinhard then referred to the discussion of next steps for the Panel on pages 8 and 9 of the minutes of the May 23 meeting. The discussion included issues about which Ms. McMullan asked the Panel to provide advice and issues that the Panel wanted to consider. The September 26 agenda also included a listening session lead by Gail McGrath representing CMS Administrator Tom Scully. Referring to page 9 of the minutes of the May 23, 2002 meeting, Dr. Delgado asked to be on record that she

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believes it is unreasonable for CMS to expect partners to distribute Medicare information without CMS funding.

Medicare & You Campaign Update

Jennifer Boulanger, Deputy Director for Health Plans,
Michael McMullan, Deputy Director for Beneficiary Education,
Center for Beneficiary Choices, CMS

Ms. Boulanger discussed the following subjects.

Public Health Security and Bioterrorism Response Act of 2002

The Bioterrorism Act mandates the following changes in the Medicare + Choice (M+C) program:

- Delays the enrollment lock-in through 2005.
- Changes the deadline for M+C organizations to submit their Adjusted Community Rate Proposals from July 1 to the second Monday in September.
- Sets the open enrollment period for M+C plans as November 15 to December 31 in 2002, 2003 and 2004.

M+C Withdrawals and Service Area Reductions

Referring to a fact sheet on M+C withdrawals (**Attachment C**), Ms. Boulanger said that 33 M+C health plans would leave the program or reduce their service areas affecting close to 200,000 beneficiaries. Approximately 29,000 will no longer have a M+C private plan option and must return to Original Medicare. Although CMS is disappointed in the nonrenewals and area reductions, there are far fewer plans leaving than in 2001 and 2002. To enhance the M+C program, CMS has reduced the administrative burdens on M+C plans in numerous ways including by changing data collection requirements for risk management

Preferred Provider Organization (PPO) Demonstration Program

Department of Health and Human Services (DHHS) Secretary Tommy Thompson announced in August that CMS would begin a PPO demonstration program on January 1, 2003 under the broad demonstration authority that enables Medicare to respond to changing needs. The demonstration encompasses 33 PPOs in 23 states. The PPOs will provide Medicare beneficiaries greater flexibility than is available through existing Medicare HMOs as well as richer benefits than those available in Original Medicare. The PPO plans have an in-network benefit at a lower cost than the out-of-network option. CMS will share risk with the demonstration plans.

CMS is providing information to beneficiaries on the demonstration via the *Medicare & You* handbook, 1-800-MEDICARE, www.medicare.gov, and the State Health Insurance Assistance Program (SHIP). CMS will run the program for three years and will evaluate it to determine its effectiveness. **Member Comment:** The opportunity to participate is lost to large employers because of the lateness of the announcement.

Ms. McMullan discussed the following subjects.

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Medicare & You 2003 Handbook

The handbook will be mailed during the last week in October. There will be 22 area-specific handbooks. Alternative versions of the handbook are available in Spanish, Braille, large print (English and Spanish), and audiotape (English and Spanish). Spanish area specific handbooks will be send to Puerto Rico as well as to those who prefer Spanish in Texas, Southern California, Southern Florida, and New York City. Those who previously requested an alternative version will be mailed a handbook in their preferred language and format. New content in the 2003 handbook includes: five steps to patient safety, M+C plan option to reduce the Medicare Part B premium; and notice of Medicare privacy practices.

Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule

HIPAA concerns the portability of insurance coverage, administrative simplification, and privacy rights. DHHS developed privacy regulations that are overseen by the Office of Civil Rights. CMS must comply with the privacy regulations because its programs - fee-for-service Medicare, M+C, Medicaid, and the State Children's Health Insurance Program - are health plans covered by HIPAA.

Medicare Education Information Channels

In conducting the National Medicare Education Program, CMS supports a substantial infrastructure.

- www.medicare.gov. The Internet is a very cost effective and flexible education tool; it can be updated in minutes. The site contains several search tools to assist people with Medicare and those who help them make informed health choices. The search tools include the Medicare Personal Plan Finder which helps beneficiaries chose among Medicare health plans.
- 1-800-MEDICARE. CMS continuously trains 1-800 MEDICARE customer service representatives (CSRs) to provide improved service. CSRs answer a variety of Medicare related questions and other questions refer to appropriate sources such as Medicare carriers or Quality Improvement Organizations (QIOs).
- Medicare Ad Campaign. The Medicare ad campaign uses media to inform beneficiaries and intermediaries of Medicare as an information source and promotes 1-800-MEDICARE.
- Partnerships. CMS works with a variety of partners that serve the Medicare population including employers and unions, and public service organizations. CMS strives to make its information useful to partners and encourage them to refer beneficiaries to Medicare information channels. The goal is to make 1-800-MEDICARE as familiar as 911. In response to a question, Ms. McMullan noted that CMS reaches Area Agencies on Aging and other local organizations through CMS Regional Offices and through relationships with the U.S. Administration on Aging, the National Council on Aging, the National Association of State Units on Aging, and the National Association of Area Agencies on Aging.

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Provider Education Initiatives

The Center for Beneficiary Choices is working with the Center for Medicare Management not only to manage claims but to ensure that health care professionals receive timely, accurate, and relevant Medicare coverage and payment information to better serve all beneficiaries.

Medicare Savings Programs

CMS is supporting the Social Security Administration (SSA) in publicizing the Medicare Savings Programs through a series of mailings to people with Medicare and by offering information to callers to the toll-free helpline, and through material in the *Medicare & You* handbook.

Fee for Service Appeals

The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) made revisions to the process for appealing Medicare fee-for-service claims denials. CMS has been unable to implement all the aspects of the law because of the cost. After publication of the regulation to implement this section of BIPA (Section 521), there will be a 60-day public comment period. **NOTE:** The regulation was published in the Federal Register on October 7, 2002.

Member Comments

- CMS should provide small bits of Medicare information that are useful to beneficiaries.
- Access to the Internet is not as great for older adults as for the rest of the population.
- The Rutgers Center for State Health Policy is conducting a project to increase enrollment in Medicare Savings Programs titled State Solutions. The Robert Wood Johnson Foundation and the Commonwealth Fund are funding the program. The participating pilot projects are located in Louisiana, New Hampshire, New York, Pennsylvania, and Minnesota.

Update on the 2002 Medicare National Multi-Media Education Campaign **Regina McPhillips, Director, Beneficiary Education and Analysis Group, CBC,** **CMS**

- The 2002 Medicare National Multi-Media Education Campaign (**Attachment D**) campaign supports Medicare information and outreach channels.
- CMS developed an advertising strategy to get the attention of people with Medicare to help them obtain information about the Medicare program. Persons over 60 are heavy television consumers. Paid advertisement assures placement and frequency of the ads at times the target audience is watching television.
- The evaluation of the 2001 ad campaign revealed that 95% of the target audience was reached an average of 30 times during the campaign, primarily through television but also through print and radio. Calls to 1-800-MEDICARE increased 75% over the highest volume in 2000. Traffic on www.medicare.gov was double

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- that of the same period in 2000. Awareness of 1-800-MEDICARE among Hispanic consumers increased to 50% versus 38% before campaign.
- CMS conducted an interim ad campaign during July and August of 2002 to bridge the 2001 and 2002 fall campaigns.
 - The focus of the 2001 campaigns was to generate awareness of 1-800-MEDICARE and www.medicare.gov.
 - The target audience was consumers over 60 with a female skew. In addition to television, ads ran in Sunday magazines, targeted consumer publications such as the Spanish language version of AARP's Modern Maturity, *Segunda Juventud*, and on targeted Internet sites.
 - The goals for the fall 2002 campaign are to continue to build a positive relationship with the core audience and introduce Medicare as an important source of information and to have people with Medicare remember 1-800-MEDICARE.
 - The ads will seek to motivate viewers to contact CMS when they need answers to health care questions. The targeted consumers will be people with Medicare and those close to Medicare age. Caregivers will be a secondary target audience.
 - The ads will run from late October to mid December. CMS plans a print and Internet media buy for the first quarter of 2003 to extend the message for sustained long-term retention.
 - Research that informed the fall 2002 campaign included spring and summer focus groups to develop message and ad concepts, discovery and positioning focus groups, and testing of ad concepts.
 - The subject of the ads will be how CMS can help consumers narrow their choices using examples of nursing homes, Medicare health plans, physicians, preventive benefits, and prescription drug assistance programs.
 - CMS will conduct four surveys to evaluate the campaign: a baseline, two mid-point, and one after the campaign. The surveys will measure advertising recall and ratings, recall of 1-800-MEDICARE and www.medicare.gov, and attitudes toward and perceptions of Medicare. African American consumers will be oversampled.
 - CMS does extensive evaluation to learn what people understand about Medicare. It also monitors calls to 1-800-MEDICARE to understand why people call and the quality of service they receive.
 - The fall campaign budget is \$25 million.

Member Comments

- An email newsletter is simpler and may be more effective than advertisements. CMS could provide a tear-out form in the *Medicare & You* handbook that beneficiaries could mail to request to subscribe to an email newsletter. The agency could ask the SSA to put a link in its online newsletter from which beneficiaries could sign up for the CMS listserv.
- The public may be misled by the ad focusing on nursing homes into believing that Medicare pays for nursing home care. Studies have shown that many people do not buy long-term care insurance because they think that Medicare pays for long-

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- term care. **CMS:** The ads were designed to give consumers a reason for calling 1-800-MEDICARE. The nursing home ads also coincide with the national launch of the CMS nursing home quality initiative.
- Advertisement is not an effective way of reaching the Medicare audience. CMS needs to involve people at the local level.
 - The ad campaign provides an opportunity for CMS to promote the Medicare Savings Programs.
 - Labor unions may be willing to have links on their websites to www.medicare.gov.
 - People with Medicare rely on their children for help with Medicare questions. They are also more likely to call 1-800-MEDICARE than to use the Internet site.
- CMS:** When the baby boom generation reaches Medicare age, they will be more likely to use the Internet than the current generation. Caregivers of people with Medicare are likely to use the Internet now.
- CMS should consider the use of case studies - describing certain kinds of health situations and the appropriate choices - as a teaching tool for people with Medicare.
 - CMS should consider the use of free ad placement to supplement the Medicare ad campaign. The Employee Benefits Research Institute obtained \$29 million in free ads from the National Association of Broadcasting video and AP radio feeds for its Choose to Save[®] campaign.

Update on www.medicare.gov

Mary Agnes Laurenno, Director, Beneficiary Education and Analysis Group, CBC, CMS

Ms. Laurenno updated the Panel on www.medicare.gov and 1-800-MEDICARE (**Attachment E**). Referring to earlier comments, she explained that CMS offers a listserv for those who want news about www.medicare.gov and on specific topics. CMS is transitioning from an enrollment database to a Medicare beneficiary database. This will help capture how people want to receive information.

Recent Releases:

- Nursing Home Compare updates.
- Your Medicare Benefits database.
- Redesigned Helpful Contacts section.
- Enhanced coordination with 1-800-MEDICARE operators to respond to customer inquiries.
- Redesigned publication section to facilitate navigation.
- MS interactive survey (survey of a randomly-selected sample of visitors to the website concerning the usefulness of the site and potential improvements).
- Updated and improved supplier and participating physician directories including mapping to help locate the providers. CMS will add a print-on-demand feature in March 2003.

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- Addition of out-of-pocket expenses estimates for the Medicare Personal Plan Finder (MPPF). CMS will add information at a later time concerning the plan's accreditation status. The MPPF information is also available through 1-800-MEDICARE.

Coverage Database

CMS launched a coverage database on www.medicare.gov and is developing a local medical review database for www.cms.hhs.gov. The target release date is December 2002. CMS is also developing a national coverage decisions database for release on www.cms.hhs.gov in early 2003.

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- MPPF out-of-pocket print-on-demand feature.
- State websites that provide information on Medicare Savings Programs.

Future Releases

- Nursing Home Compare: national release of additional quality data, addition of a Spanish version, and a print on demand booklet.
- Update of quality measures on Dialysis Facility Compare.
- Addition of Spanish version of MPPF.
- Removal of 2002 M+C plan data (December 19).

1-800-MEDICARE

- CMS is developing a Virtual Call Center Strategy to improve service and enable one-stop shopping.
- Enhancements to the Single 1-800 Pilot Test in Pennsylvania continue.
- Work continues on the Next Generation Desktop that will be used by contractors and 1-800-MEDICARE.
- Additional operators are being hired and trained to handle the increased call volume during the open enrollment period.
- Call volume in July 2002 increased 53% over July 2001.
- Customer satisfaction averages over 89%.
- During August, wait times were longer due to the SSA mailings on Medicare Savings Programs. For the same reason, the top referrals were to State Medicaid offices.
- CMS has begun to process Medicare replacement cards and next year hopes to do address changes instead of referring them to SSA.
- CMS has a pilot project with Palmetto (Part B contractor) in which certain beneficiaries may obtain their Medicare Summary Notice online.
- CMS will award the new contract for 1-800-MEDICARE by September 30.

Whereupon the panel recessed for lunch and then reconvened at 1:15 p.m.

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CMS Quality Initiative

**Dr. Barbara Paul, Director, Quality Measurement and Health Assessment Group,
CBC, CMS**

Dr. Paul stated that today's health care environment for consumers emphasizes active, healthy lifestyles, expects quality health care and involvement in health care decisions, and recognizes the balance between resource limitations and the higher costs of quality care (**Attachment F**). Characteristics of quality are: quality can be measured and improved; achieving improvement can mean better health outcomes; new systems to improve quality are sustainable and blind to socio-economic status.

Improvements in health care quality can be accomplished by system change and technical assistance, consumer information, and non-economic and economic incentives. For example, CMS provides higher reimbursement to M+C plans that demonstrate a high level of compliance with two quality measures for congestive heart failure; CMS provides consumers with information on the quality of care for M+C plans and dialysis facilities.

CMS Healthy Aging Initiatives

Preventable diseases consume 70% of all medical care spending. Changes in lifestyle at any age can improve health and functioning. The challenge for Medicare in promoting healthy aging is determining whether a service or intervention works for the Medicare population. CMS healthy aging initiatives include the Senior Risk Reduction Pilot, the Smoking Cessation Program, and the Nursing Home and Home Health Quality Initiatives.

- Senior Risk Reduction Pilot uses a population-based approach to identify health risks and priorities and fosters personal responsibility to reduce those risks.
- Smoking Cessation Project will test the effectiveness of smoking cessation treatments in seven states: Alabama, Florida, Ohio, Missouri, Nebraska, Oklahoma, and Wyoming. While other federal research has examined smoking, this project focuses on creating a Medicare benefit.

Member Comments

- Project data should be separated by gender, and race and ethnicity.
- Measures beyond the use of media must be undertaken to recruit a diverse study population.
- CMS should stress personal responsibility in the pilot. Patients should be given an economic incentive to be successful with the smoking intervention.
- Health plan data suggests that compliance with risk reduction programs decreases with age.
- Nursing Home Quality Initiative employs a six-part strategy: establish and enforce standards, give technical assistance to providers, promote or create

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collaborations and partnerships, give consumers information and assistance to make choices, structure coverage and payments to improve care, and reward desired performance. The pilot launched in April 2002 in six states: Florida, Colorado, Maryland, Ohio, Rhode Island, and Washington. CMS is communicating about nursing home quality on www.medicare.gov, in newspaper ads and articles, through QIOs, and state survey agencies. The quality measures are: physical restraints, pain, late-loss worsening in Activities of Daily Living, pressure sores, infections, delirium, pain, and improvement in walking. Data on all nursing home residents are included. The national launch will take place in November.

Member Comments

- It is important that CMS emphasize that Medicare does not pay for most nursing home care.
 - CMS should promote the nursing home quality initiative on www.cms.hhs.gov instead of www.medicare.gov to avoid the misperception that Medicare pays for long-term care in nursing homes.
 - In addition to the quality indicators selected for the nursing home initiative, consumers would also benefit from information on nursing home staffing and the demographics of the nursing home population.
- Home Health Quality Initiative. CMS will launch a multi-state home health quality initiative in the spring of 2003. The national rollout will follow in the fall. CMS is convening experts to choose from among quality indicators that home health agencies are currently reporting. The QIOs will work with home health agencies on outcome-based quality improvement.
- Making Quality Improvement User Friendly. CMS is working to streamline payment, survey, and quality data collection.
- Collaborators in Quality Improvement include: providers as partners in developing strategy; experts in analysis activities and reporting on processes; the medical community in terms of sharing results; and beneficiaries and professionals who receive the quality information.
- Current Quality Initiatives
 - Demonstrating the utility of OASIS (Outcome and Assessment Information Set) data for quality improvement in home health agencies.
 - Refining the MDS (Minimum Data Set) system for nursing homes.
 - Developing and testing hospital core performance measures.
 - Expanding the measures reported by dialysis facilities.
 - Developing a model for assessing quality of care provided in physicians' offices.
 - Promoting cancer screening.
 - Improving cancer prevention and treatment for racial and ethnic populations.

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Listening Session with the Administration
Gail McGrath, Director, Center for Beneficiary Choices, CMS

Ms. McGrath represented CMS Administrator Tom Scully who was unable to attend the meeting. Ms. McGrath stated that the Administration wants CMS to focus on getting information to low-income and limited English proficient beneficiaries. All people with Medicare need to know where to get information to make health choices.

Member Comments

- CMS should consider quality improvement as a condition for participation in Medicare.
- The growing issue of access to providers could inhibit quality initiatives.
- CMS should continue to share quality information on providers with consumers.
- CMS should continue to simplify the burden of regulatory and accreditation processes.
- CMS has many partners in the National Medicare Education Program but the depth of those partnerships is uncertain. CMS must involve its partners in the development of Medicare materials.
- CMS could save money by utilizing existing research rather than conducting additional studies. Those savings could go toward direct contact with consumers.
- CMS should report more data on the race and ethnicity of beneficiaries. The data must be broken down beyond “Black, White and Other.”
- The process of creating a new Medicare benefit by scientific study rather than because of lobbying by interest groups is a very positive approach.

Public Comment

Arlyn Alizée of Health Assistance Partnership, Families USA, requested the report on social marketing prepared for CMS by the Sutton Group.

Resumption of Listening Session with the Administration

Member Comments

- CMS should explore getting Medicare information to consumers via email. It’s a way of giving short bits of information in a forceful way.
- The CMS emphasis on nursing home quality may mislead consumers into believing that Medicare pays for nursing home care.
- CMS should focus on reaching people who are not mainstream.
- It is easier for consumers to obtain cost data on providers than it is to obtain quality data on www.medicare.gov.

Comments About APME Processes and Meetings

- CMS should ask the Panel to comment on activities that are in the formative stage not after they have been implemented.
- The meetings should be working sessions. Fewer topics should be covered in greater depth with more opportunity for input from the Panel.

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- CMS should indicate on the meeting agendas which subjects it is presenting to the Panel for information and which for its advice.
- CMS should use the Panel's expertise to develop its strategy.

Adjournment
Nancy Caliman

There being no further business, Ms. Caliman adjourned the meeting at 3:37 p.m.

Prepared by:

Nancy M. Caliman, Designated Federal Official, Advisory Panel on Medicare Education
Division of Partnership Development /Partnership and Promotion Group
Center for Beneficiary Choices
Centers for Medicare & Medicaid Services

Approved by:

Dr. Susan Reinhard, Chairperson
Advisory Panel on Medicare Education

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Attachments

- A.** *Federal Register* Notice, July 26, 2002 (Volume 67, Number 144, Pages 48905-48906).
- B.** Sign-in Sheet.
- C.** Medicare Fact Sheet: *Protecting Medicare Beneficiaries When Their Medicare + Choice Organization Withdraws.*
- D.** Slide Presentation: *Medicare National Multi-Media Campaign.*
- E.** Slide Presentation: *Medicare.gov and Call Center Update.*
- F.** Slide Presentation: *Meeting the Challenge: New Approaches to Health Quality.*